

# ***Alabama Medicaid Provider Enrollment***



## **Patient 1<sup>st</sup> Enrollment**

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**Forms should be returned to EDS' Provider Enrollment Department at:**

**301 Technacenter Drive, Montgomery, AL 36117**

**OR**

**P. O. Box 241685, Montgomery, AL 36124**

# MEDICAID / PATIENT 1<sup>ST</sup> PHYSICIAN ENROLLMENT FORM

## SECTION I – General Information

This application is to be completed for participation in the Patient 1<sup>st</sup> Program. If applying as a group or clinic, please answer questions below on behalf of the group or clinic. If you have questions, please consult the Patient 1<sup>st</sup> Manual or call EDS' Provider Enrollment Department at 1-888-223-3630.

Are you enrolling as an:      INDIVIDUAL      GROUP/PRACTICE      FQHC (clinic)      RHC (clinic)

Has this practice or anyone associated with this practice been terminated or sanctioned by either Medicare or Medicaid? ☐ Yes ☐ No – If answering Yes, please send documentation containing details.

Are you associated with an academic teaching facility? ☐ Yes ☐ No

Specialty: Family Practice      General Practice      Pediatrician      OB/GYN      Internal Medicine

Other: \_\_\_\_\_

Name: \_\_\_\_\_ \*Individual NPI: \_\_\_\_\_

Group/Clinic Name: \_\_\_\_\_ \*Organizational NPI: \_\_\_\_\_

**\* Indicate NPI number only if this application is to enroll an existing enrolled location in the Patient 1<sup>st</sup> Program. If this is a new enrollment, please mark N/A for that field.**

Contact for Patient 1<sup>st</sup>: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**NOTE:** The mailing address indicated above will be applied to the file of the provider for which this application is completed. Only Patient 1<sup>st</sup> Correspondence will be mailed to the address given.

## SECTION II – Participation Details

PMPs have the ability to decide the parameters under which they wish to participate in the Patient 1<sup>st</sup> Program. . Changes to such parameters must be communicated in writing and can be faxed to EDS' Provider Enrollment Department at 334-215-4298.

### Distance/Number of Patients:

Distance	Number of Patients	Patient Age Criteria	Do you wish to be published on Patient 1 <sup>st</sup> List?	
			Y	N
	Total			

**NOTE:** Total caseload cannot exceed 1200 unless enrolling as a group or clinic. Up to two physician extenders (mid-level associates) can be utilized for a max caseload of 2000. For caseloads greater than 2000, justification must be submitted with application.

### Mid-Level Practitioners:

Indicate Physician Extender (Mid-Level Associate)

Name(s) and NPI Number(s) below:


**NOTE:** NPI numbers listed for Physician Extender(s) indicated should be associated to the site of practice to which these patients will be assigned.

**Section II (continued)****Admitting Privileges:**

Will you be admitting your own patients? ☐ Yes If yes, please indicate hospital name(s) below. ☐ No If no, please complete attachment A of contract.

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**EPSDT:**

Will you provide your own EPSDT Screenings? ☐ Yes If yes, please be certain an EPSDT Agreement is completed and submitted. Also, please submit the CLIA certification. ☐ No If no, please complete attachment B of contract.

**24/7 Coverage:**

List your phone number for patient 24-hour access: \_\_\_\_\_

Describe your after-hours coverage below:

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**FTE Status:**

How many hours per week do you practice at this location? \_\_\_\_\_

**SECTION III – Group or Clinic Details**

Please provide the following information on the members of the group or clinic. It is acceptable to attach additional pages if necessary. This information will be used to calculate the total allowable caseload for the group or clinic.

**NOTE:** This section is applicable to groups or clinics only.

Physician/Practitioner Name	NPI Number	Hours per week, the Physician/Practitioner will be working at this site.	Indicate if Physician or Practitioner.

I am applying to participate as a primary care provider in the Patient 1<sup>st</sup> Program sponsored by the Alabama Medicaid Agency. I have read and understand the Patient 1<sup>st</sup> Provider Manual, the Agreement for Participation and have completed all the necessary forms, including the case management fee components.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Title/Position: \_\_\_\_\_

# ALABAMA MEDICAID AGENCY

## Agreement for Participation as a Primary Medical Provider in The Patient 1<sup>st</sup> Program

This provider agreement is between the Alabama Medicaid Agency, hereinafter referred to as the Agency and

\_\_\_\_\_ located in the city of \_\_\_\_\_,  
(Name of primary medical provider or practice)

county of \_\_\_\_\_, state of \_\_\_\_\_, hereinafter referred to as the "Primary Medical Provider (PMP)."

WHEREAS, the Agency, as the single State agency designated to establish and administer a program to provide medical assistance to the indigent under Title XIX of the Social Security Act, is authorized to contract with health care providers for the provision of such assistance on a coordinated care basis;

NOW, THEREFORE, it is agreed between the AGENCY and the PMP, as follows:

### I. General Statement of Purpose and Intent

The Agency desires to contract with providers willing to participate in the Patient 1<sup>st</sup> Program to provide primary care directly and to coordinate other health care needs through the appropriate referral and authorization of Medicaid services. The Patient 1<sup>st</sup> Program, applies to certain Medicaid recipients who may select or be assigned to the PMP. This agreement describes the terms and conditions under which this agreement is made and the responsibilities of the parties thereto.

Except as herein specifically provided otherwise, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this agreement, and all rights of action relating to such enforcement, shall be strictly reserved to the Agency and the named PMP. Nothing contained in this agreement shall give or allow any claim or right of action whatsoever by any other third person.

### II. General Statement of the Law

Patient 1st is a primary care case management system implemented pursuant to an approved 1915 (b) waiver, and is subject to the provisions of The Alabama Medicaid Administrative Code and Alabama Medicaid Provider Manual. This agreement shall be construed as supplementary to the usual terms and conditions of providers participating in the Medicaid program, except to the extent superseded by the specific terms of this agreement. The PMP agrees to abide by all existing laws, regulations, rules, policies, and procedures pursuant to the Patient 1<sup>st</sup> and the Alabama Medicaid program.

### III. Definitions-The following terms have the meaning stated for the purposes of this agreement:

Application – All forms and supplements to this agreement that the provider uses to apply for participation with the Patient 1<sup>st</sup> program. This agreement shall be effective subject to approval of the application by the Agency and/or its representative.

Patient 1<sup>st</sup> Policy – All policies and procedures required by this agreement and incorporated herein by reference are published in the Alabama Medicaid Provider Manual, Chapter 39 which is published on the Agency's website at <http://www.medicaid.alabama.gov>.

C.F.R. – Code of Federal Regulations.

Case Management Fee – The amount paid to the PMP per member per month for each Patient 1<sup>st</sup> recipient who has chosen or has been assigned to the PMP. Refer to section VI for details.

Enrollee – A Medicaid recipient who chooses or is assigned to a Patient 1<sup>st</sup> PMP.

Group Practice/Center – A Medicaid participating primary care provider structured as a group practice/center which (1) is a legal entity (e.g., corporation, partnership, etc.), (2) possesses a federal tax identification (employer) number, and (3) is designated as a group by means of a Medicaid Group Enrollment.

Medicaid – The Alabama Medicaid Agency, also known as the Agency.

Patient Care Coordination – The manner or practice of providing, directing, and coordinating the health care and utilization of health care services of enrollees with regard to those services as defined by Patient 1<sup>st</sup> policy that must be authorized by the primary care provider. If not provided directly, necessary medical services must be arranged through referral from the PMP.

Potential Enrollee – A Medicaid recipient who is subject to mandatory enrollment or may voluntarily elect to enroll in a given managed care program, but is not yet an enrollee of a specific PMP.

Preventive Services – Services rendered for the prevention of disease in children as defined by Patient 1<sup>st</sup> policy, also known as EPSDT.

Primary Care – The ongoing responsibility for directly providing medical care (including diagnosis and/or treatment) to an enrollee regardless of the presence or absence of disease. It includes health promotion, identification of individuals at risk, early detection of serious disease, management of acute emergencies, rendering continuous care to chronically ill patients, and referring the enrollee to another provider when necessary.

Primary Medical Provider – The participating physician, physician extender (PA,FNP,CNM), or group practice/clinic selected by or assigned to the enrollee to provide and coordinate all of the enrollee's health care needs and to initiate and monitor referrals for specialized services when required.

Recipient Disenrollment – The deletion of the individual from the monthly list of enrollees furnished by the Agency to the PMP.

#### **IV. Functions and Duties of the PMP**

In the provision of services under this agreement the PMP and its group practice/center shall comply with all applicable federal and state statutes and regulations, and all amendments thereto, that are in effect when the agreement is signed, or that come into effect during the term of the agreement. This includes, but is not limited to, the approved waiver document and Title 42 of the CFR.

The PMP is and shall be deemed to be an independent PMP in the performance of this Agreement and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The PMP representative has, or shall secure at its own expense, all personnel required in performing the services under this Agreement. Such employees shall not be employees of, or have any individual contractual relationship within the Agency.

The PMP shall not subcontract any of the work under this Agreement without prior written approval from the Agency. Any approved subcontract shall be subject to all conditions of this agreement and applicable requirements of CFR 434.6. The PMP shall be responsible for the performance of any employee or subcontractor.

##### **The Patient 1<sup>st</sup> PMP agrees to do the following:**

- 4.1 Accept enrollees pursuant to the terms of this agreement and as a PMP in the Patient 1<sup>st</sup> Program for the purpose of providing care to enrollees and managing their health care needs.
- 4.2 Provide primary care and patient coordination services to each enrollee in accordance with the provisions of this agreement and the policies set forth in the Alabama Medicaid Administrative Code, Medicaid Provider Manuals and Medicaid bulletins and as defined by Patient 1<sup>st</sup> Policy.
- 4.3 Provide or arrange for primary care coverage for services, consultation, management or referral, and treatment for emergency medical conditions, twenty-four (24) hours per day, seven (7) days per week as defined by Patient 1<sup>st</sup> Policy.
- 4.4 Provide EPSDT services as defined by general Medicaid and Patient 1<sup>st</sup> Policy.
- 4.5 Establish and maintain hospital admitting privileges or a formal arrangement for management of inpatient hospital admissions of enrollees as defined by Patient 1<sup>st</sup> Policy
- 4.6 Maintain a unified patient medical record for each enrollee following the medical record documentation guidelines as defined by Patient 1<sup>st</sup> Policy.
- 4.7 Promptly arrange referrals for medically necessary health care services that are not provided directly, document referral for specialty care in the medical record and provide the authorization number to the referred provider.
- 4.8 Transfer the Patient 1<sup>st</sup> enrollee's medical record to the receiving provider upon the change of PMP at the request of the new PMP and as authorized by the enrollee within 30 days of the date of the request. Enrollees cannot be charged for copies of medical records.
- 4.9 Authorize care for the enrollee or see the enrollee based on the standards of appointment availability as defined by Patient 1<sup>st</sup> policy.
- 4.10 Refer for a second opinion as defined by Patient 1<sup>st</sup> policy.

- 4.11 Review and use all enrollee utilization and cost reports provided by the Patient 1<sup>st</sup> Program for the purpose of practice level utilization management and advise the Agency of errors, omissions, or discrepancies. Review and use the monthly enrollment report as required by Patient 1<sup>st</sup> policy.
- 4.12 Participate with Agency utilization management, quality assessment, complaint and grievance, and administrative programs.
- 4.13 Provide the Agency, its duly authorized representatives and appropriate Federal Agency representatives unlimited access (including on site inspections and review) to all records relating to the provision of services under this agreement as required by Medicaid policy and 42 C.F.R. 431.107.
- 4.14 Maintain reasonable standards of professional conduct and provide care in conformity with generally accepted medical practice following national and regional clinical practice guidelines or guidelines approved by the Patient 1<sup>st</sup> Advisory Group.
- 4.15 Notify the Agency of any and all changes to information provided on the initial application for participation. If such changes are not reported within 30 days of change, future participation may be limited.
- 4.16 Give written notice of termination of this agreement, within 15 days after receipt of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by, the PMP.
- 4.17 Refrain from discriminating against individuals eligible to enroll on the basis of health status or the need for health care services.
- 4.18 Refrain from discriminating against individuals eligible to enroll on the basis of race, color, or national origin and will refrain from using any policy or practice that has the effect of discriminating on the basis of race, color, or national origin.
- 4.19 Comply with all Federal and State laws and regulations including Title VI of the Civil Rights Act of 1964, Title IX of the Education of Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, and the Americans with Disabilities Act.
- 4.20 Make oral interpretation services available free of charge to each potential enrollee and enrollee. This requirement applies to all non-English languages.
- 4.21 Receive prior approval from the Agency of any Patient 1<sup>st</sup> specific materials prior to distribution. Materials shall not make any assertion or statement (whether written or oral) that the recipient must enroll with the PMP in order to obtain benefits or in order not to lose benefits. Materials shall not make any assertion or statement that the PMP is endorsed by CMS, the Federal or State government or similar entity.
- 4.22 Refrain from door-to-door, telephonic or other ‘cold-call’ marketing or engaging in marketing activities that could mislead, confuse, or defraud Medicaid Recipients, or misrepresent the PMP, its marketing representatives, or the Agency.
- 4.23 Refrain from knowingly engaging in a relationship with the following:
- an individual who is debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549;
  - an individual who is an affiliate, as defined in the Federal Acquisition Regulation.
- Note: The relationship is described as follows:
- As a director, officer, partner of the PMP,
  - A person with beneficial ownership of more than five percent (5%) or more of the PMP’s equity; or,
  - A person with an employment, consulting or other arrangement with the PMP for the provision of items and services that are significant and material to the PMP’s contractual obligation with the Agency.
- 4.24 Retain records in accordance with requirements of 45 C.F.R. 74 (3 years after the final payment is made and all pending matters closed, plus additional time if an audit, litigation, or other legal action involving the records is started before the original 3 year period ends.)
- 4.25 Provide the Agency within 30 days notice of PMP disenrollment or change in practice site. This will allow for an orderly reassignment of enrollees. Failure to provide 30 days notice may preclude future participation and/or result in recoupment of case management fees.

## **V. Functions and Duties of the Agency**

### **The Agency agrees to do the following:**

- 5.1 List the PMP’s name by specialty as a primary medical provider in the Patient 1<sup>st</sup> Program. The PMP has the ability to designate whether he wants it to be listed.

- 5.2 Pay the PMP on a fee-for-service basis in accordance with the Medicaid fee schedule and billing guidelines. Any monthly management/coordination fee paid in addition to the fee-for service Medicaid payments will be paid per member per month, subject to the maximum number of enrollees under paragraph 7.1.A. The amount of the management/coordination fee, if any, may be adjusted according to practice and performance parameters as defined by the Agency. Changes will be made on a quarterly basis.
- 5.3 Provide the PMP with a monthly list of enrollees who have selected him or have been assigned to him for the purpose of managing their health care needs.
- 5.4 Provide training and technical assistance regarding the Patient 1<sup>st</sup> Program.
- 5.5 Provide the PMP with periodic utilization and cost reports.
- 5.6 Gather and analyze data relating to service utilization by enrollees to determine whether PMPs are within acceptable Patient 1<sup>st</sup> comparison parameters.
- 5.7 Publish the Alabama Medicaid Provider Manual, specifically Chapter 39 and the Medicaid General and Special Bulletins on the Agency's website at <http://www.medicaid.alabama.gov>. All such policies, procedures, Medicaid provider bulletins and manuals are incorporated into this agreement by reference.
- 5.8 Provide an ongoing quality assurance program to evaluate the quality of health care services rendered to enrollees.
- 5.9 Provide program education to all enrollees during eligibility reviews or within a reasonable timeframe.
- 5.10 Provide potential enrollees and enrollees with information that contains program information including enrollee rights and protections, program advantages, enrollee responsibilities, complaint and grievance instructions as specified in 42 CFR 438.10. The information will also be published on the Agency's website at <http://www.medicaid.alabama.gov>.
- 5.11 Notify enrollees that oral interpretation is available for any language and written material is available in prevalent languages and how to access these services.
- 5.12 Provide written materials that use easily understood language and format. Written material will be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.
- 5.13 Inform enrollees and potential enrollees that information is available in alternative formats and how to access those formats.

## **VI. Case Management Fee**

The monthly case management fee will be automatically paid to the PMP on the 1<sup>st</sup> checkwrite of each month. The monthly case management fee will be determined by the components of care to which the PMP has agreed. The components and the corresponding dollar amounts are included at Attachment C of this agreement. By initialing besides the component, the PMP is agreeing to provide those services. Verification of the PMP's ability/willingness to provide the services will be accomplished through the regular Medicaid enrollment process, the complaints and grievances process and individual Agency verification. Case management fees will be adjusted quarterly. The monthly enrollment summary report will indicate the individual amount of case management fee being paid for that month.

As additional case management components are offered, PMPs will be given the opportunity to decide participation. Case management fees are not subject to third party liability requirements as specified in 42 CFR 434.6(a)(9).

## **VII. General Terms and Conditions**

### **7.1 Recipient Enrollment and Disenrollment**

#### **A. Recipient Enrollment**

1. The PMP must accept individuals in the order in which they apply without restriction up to the limits set by the agreement. The PMP may specify a limit on the number of enrollees on the Patient 1<sup>st</sup> Application for Participation subject to the following terms and conditions:

- Maximum enrollment is set at 1200 enrollees per physician unless otherwise approved by the Agency. An additional 400 enrollees per physician extender (up to 2) will be allowed.
- The PMP may set enrollment criteria on the Application, but must accept recipients who meet the enrollment criteria up to the limit specified.
- The PMP may change the enrollee limit by notifying the Agency in writing and/or its representative.

- The PMP must restrict enrollment to recipients who reside sufficiently near the delivery site to reach that site within a reasonable time using available and affordable modes of transportation.

B. Recipient Choice

1. Eligible recipients may choose from among participating PMPs' who are available within the designated distance from their residence when those PMPs' enrollment limits have not been exceeded.
2. All recipient enrollments, disenrollments, and changes are effective on the first day of the month, pursuant to processing deadlines and will be indicated on the Enrollment Reports.

C. Recipient Disenrollment

1. Enrollees shall be permitted to change primary care providers according to Patient 1<sup>st</sup> policy. Transfer of medical records is addressed in Section 4.8 of this agreement.
2. The PMP may request the disenrollment of an enrollee for good cause as defined by Patient 1<sup>st</sup> policy.
3. The PMP may not request disenrollment because of an adverse change in the enrollee's health status, or because of the enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment with the PMP seriously impairs the PMP's ability to furnish services to either this particular enrollee or other enrollees).
4. The *Patient 1<sup>st</sup> Medicaid Managed Care Recipient Handbook* includes complaint and grievance instructions and is provided to potential enrollees and enrollees. This handbook is also published on the Agency's website at <http://www.medicaid.alabama.gov>.

7.2 Agreement Violation Provisions

The failure of a PMP to comply with the terms of this agreement or other provisions of the Medicaid Program governed under Social Security Act Sections 1932, 1903(m) and 1905(t) may result in the following sanctions by the Agency:

- A. Limiting member enrollment with the PMP.
- B. Withholding all or part of the PMP's monthly Patient 1<sup>st</sup> management/coordination fee.
- C. Referral to the Agency's Program Integrity or Quality Assurance Unit for investigation of potential fraud or quality of care issues.
- D. Referral to Alabama Medical Board or other appropriate licensing board.
- E. Termination of the PMP from the Patient 1<sup>st</sup> Program.

One or more of the above sanctions may be initiated simultaneously at the discretion of the Agency based on the severity of the agreement violation. The Agency makes the determination to initiate sanctions against the PMP. The PMP will be notified of the initiation of a sanction by certified mail. Sanctions may be initiated immediately if the Agency determines that the health or welfare of an enrollee(s) is endangered or within a specified period of time as indicated in the notice. If the PMP disagrees with the sanction determination, he has the right to request an evidentiary hearing as defined by Patient 1<sup>st</sup> policy.

Failure of the Agency to impose sanctions for an agreement violation does not prohibit the Agency from exercising its rights to do so for subsequent agreement violations.

Federal Financial Participation (FFP) is not available for amounts expended for PMPs excluded by Medicare, Medicaid, or State Children's Health Insurance Program (SCHIP), except for emergency services.

7.3 Application Process

The PMP will complete an Application to submit with the signed agreement for review and approval by the Agency and/or its representative.

7.4 Exceptions to the Agreement

The Agency may approve exceptions to this agreement if, in the opinion of the Agency, the benefits of the PMP's participation outweigh the PMP's inability to comply with a portion of this agreement.

In order to amend this agreement, the PMP shall submit a written request to the Agency for consideration for exception from a specific agreement requirement. The request shall include the reasons for the PMP's inability to comply with this agreement requirement. The



request shall be submitted at the time this agreement is submitted to the Agency for consideration. Approval of the Application constitutes acceptance of the request for an exception.

**7.5 Transfer of Agreement**

This agreement may not be transferred.

**7.6 Changes in Program**

The PMP understands that the Agency may make modifications to the program throughout the course of the Agreement. Changes will be communicated to the PMP within 10 days of the change with the Provider Manual updated accordingly.

**7.7 Agreement Termination**

This agreement may be terminated by either party, with cause, or by mutual consent, upon at least 30 days written notice and will be effective only on the first day of the month, pursuant to processing deadlines. If the PMP does not allow for 30 days notice, then future participation may be limited and/or result in recoupment of case management fees.

The Agency under the following conditions may terminate this agreement immediately:

1. In the event that state or federal funds that have been allocated to the Agency are eliminated or reduced to such an extent that, in the sole determination of the Agency, continuation of the obligations at the levels stated herein may not be maintained. The obligations of each party shall be terminated to the extent specified in the notice of termination immediately upon receipt of notice of termination from the Agency;
2. If the approved 1915(b) waiver is discontinued either by the state or CMS;
3. If the PMP (a) is determined to be in violation of terms of this agreement, or applicable federal and state laws, regulations, and policy, and/or (b) fails to maintain program certification or licensure;
4. Upon the death of the PMP, the sale of the PMP's practice, or termination of participation as a Medicaid or Medicare provider; or
5. In the event of conduct by the PMP justifying termination, including but not limited to breach of confidentiality or any other covenant in this agreement, and/or failure to perform designated services for any reason.
6. Upon termination, the PMP must supply all information necessary for reimbursement of outstanding Medicaid claims.

**VIII. Effective Date and Duration**

This agreement shall become effective on \_\_\_\_\_ and remain in effect until amended or terminated  
(to be completed by Agency staff)

pursuant to the terms of this agreement.

\_\_\_\_\_  
**Alabama Medicaid Agency Representative**

\_\_\_\_\_  
**Signature of PMP**

**NPI Number.** \_\_\_\_\_

**PATIENT 1<sup>st</sup> HOSPITAL ADMITTING AGREEMENT**

Patient 1<sup>st</sup> Primary Medical Providers (PMPs) are required to establish and maintain hospital admitting privileges or have a formal arrangement with a hospitalist group or another physician or group for the management of inpatient hospital admissions that addresses the needs of all enrollees or potential enrollees. If a PMP does not admit patients, then the *Patient 1<sup>st</sup> Hospital Admitting Agreement* form must be submitted to the Agency to address this requirement for participation. **If the Patient 1<sup>st</sup> provider has entered into a formal arrangement for inpatient services, this form must be completed by both parties, and the applicant must submit the original form with the application for enrollment or within 10 days of when a change occurs regarding the provider's management of inpatient hospital admissions.**

A formal arrangement is defined as a voluntary agreement between the Patient 1<sup>st</sup> PMP and the agreeable physician/group. The agreeable party is committing in writing to admit and coordinate medical care for the Patient 1<sup>st</sup> enrollee throughout the inpatient stay. Admitting privileges or the formal arrangement for inpatient hospital care must be maintained at a hospital that is within a distance of thirty (30) miles or forty-five (45) minutes drive time from the Patient 1<sup>st</sup> PMP's practice. If there is no hospital that meets the above geographical criteria, the hospital geographically closest to the Patient 1<sup>st</sup> PMP's practice will be accepted.

*Exception may be granted in cases where it is determined the benefits of a provider's participation outweigh the provider's inability to comply with this requirement.*

To ensure a complete understanding, the Patient 1<sup>st</sup> Program has adopted the Patient 1<sup>st</sup> Hospital Admitting Agreement. This agreement serves as a formal written agreement established between the two parties as follows:

- The Patient 1<sup>st</sup> Primary Medical Provider is privileged to refer Patient 1<sup>st</sup> patients for hospital admission. The below named provider is agreeing to treat and administer to the medical needs of these patients while they are hospitalized.
- The below named provider will arrange coverage for Patient 1<sup>st</sup> enrollee admissions during their vacations.
- Either party may terminate this agreement at any time by giving written 30 days advance notice to the other party or by mutual agreement.
- The Patient 1<sup>st</sup> Primary Medical Provider will notify the Patient 1<sup>st</sup> program in writing of any changes to or terminations of this agreement.
- The Patient 1<sup>st</sup> Primary Medical Provider will provide the below named provider with the appropriate payment authorization number.

**Physician and/or Group Agreeing to Cover Hospital Admissions**

Physician/Group Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Specialty: \_\_\_\_\_ Ages Admitted: \_\_\_\_\_

Hospital Affiliation(s) and Location(s): \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions regarding hospital admitting privileges may be directed to the Patient 1<sup>st</sup> Program.

## EPSDT AGREEMENT

For recipients of Medicaid, birth to age 21, the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) examination is a comprehensive preventive service at an age appropriate recommended schedule. There are numerous components of the EPSDT, and are listed and described in Appendix A of the Alabama Medicaid Provider Manual.

If a PMP cannot or chooses not to perform the comprehensive EPSDT screenings, this agreement allows the PMP to contract with another Medicaid Screener (hereinafter known as Screener) serving the PMP's area to perform the screenings for enrollees in the birth to 21 year age group.

### The agreement requires the PMP to:

1. Refer Patient 1<sup>st</sup> patients for EPSDT Screenings. If the patient is in the office, the physician/office staff will assist the patient in making a screening appointment with the Screener within 10 days.
2. Maintain, in the office, a copy of the physical examination and immunization records as a part of the patient's permanent record.
3. Monitor the information provided by the Screener to assure that children in the Patient 1<sup>st</sup> program are receiving immunizations as scheduled and counsel patients appropriately if found in noncompliance with well child visits or immunizations.
4. Review information provided by the Screener to coordinate any necessary treatment and/or follow up care with patients as determined by the screening.
5. Immediately notify the Agency and EDS of any changes to this agreement.

### The Screener agrees to:

1. Provide age appropriate EPSDT examinations and immunizations within 60 days of the request for patients who are referred by the PMP or are self-referred.
2. Send EPSDT physical examination and immunization records within 30 days to the PMP.
3. Notify the PMP of significant findings on the EPSDT examination or the need for immediate follow-up care within 24 hours. Allow the PMP to direct further referrals for specialized testing or treatment.
4. Immediately notify the Agency and EDS of any changes to this agreement.

If the PMP chooses to utilize this agreement in order to meet this Patient 1<sup>st</sup> requirement for participation, the agreement containing the original signatures of the PMP or the authorized representative and the screener or an authorized representative must be submitted within the enrollment application. The PMP must keep a copy of this agreement on file. If this agreement is executed after enrollment, a copy must be submitted to EDS within 10 days of execution.

This agreement can be entered into or terminated at any time by the PMP or the screener. The Agency and EDS must be notified immediately of any change in the status of the agreement. Questions regarding this agreement can be addressed to EDS.

By signing the PMP agreement and below, both the PMP and the Screener agree to the above provisions.

\_\_\_\_\_  
Signature of Screener/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Screener/Designee

\_\_\_\_\_  
Screener NPI Number

\_\_\_\_\_  
Signature of PMP

\_\_\_\_\_  
PMP NPI Number

# ALABAMA MEDICAID AGENCY

## Attachment C

### Components of Monthly Fee

PMP's will receive a case management fee that reflects the contractual requirements to which the PMP has agreed. The components of the fee are delineated below. Details on the components are provided so that the PMP can determine whether the component can be met. **The PMP should initial the program components to which he is agreeing.**

#### PROGRAM

- **EPSDT** - if the PMP does his own screenings, then .45 will be built into the monthly case management fee. The PMP must have a signed EPSDT agreement on file with EDS. This component will be auto plugged based on information on the PMP's regular Medicaid enrollment. \_\_\_\_\_
- **VFC** – if the PMP is an enrolled VFC provider, then .10 will be built into the monthly case management fee. The PMP must have a signed VFC agreement with the Health Department. This component will be auto plugged based on information on the PMP's regular Medicaid enrollment. \_\_\_\_\_
- **24/7 Coverage**  
If the PMP or someone on his staff or a nurse call center provides voice-to-voice assistance, then .85 will be built into the monthly case management fee. \_\_\_\_\_

This information will be plugged from the Patient 1<sup>st</sup> application.

- **Medical Home Project** – if the PMP completes the Medical Home Training Project then .10 will be built into the monthly case management fee. The Medical Home Project is a training module that helps train PMP's on the components of establishing and maintaining a medical home for patients. As CMEs are received, a copy should be sent to Medicaid for inclusion in calculating the monthly case management fee.
- **Hospital Admitting Privileges** – if the PMP admits his own patients or has arrangements with a hospitalist group, then .30 will be built into the monthly case management fee. This information will be plugged from the Patient 1<sup>st</sup> application. \_\_\_\_\_
- **Electronic Notices** – if the PMP agrees to receive notices from Medicaid and EDS via \_\_\_\_\_ electronic means (not paper copies), then .05 will be built into the monthly case management fee. This information will be auto plugged based on information on the PMP's regular Medicaid enrollment. \_\_\_\_\_
- **Electronic Education Materials** – if the PMP agrees to receive educational materials via electronic means and reproduce those materials for his Patient 1<sup>st</sup> patients, then .15 will be built into the case management fee. This information will be plugged from the Patient 1<sup>st</sup> application. \_\_\_\_\_
- **LifeState Management (In Home Monitoring/Disease Management)** – if the PMP agrees to work with the Agency and its partners to place in-home monitoring equipment on select patients, then .10 will be built into the case management fee. The PMP will be responsible for identifying patients and reviewing monitoring reports provided on the patient's condition(s). This information will be plugged from the Patient 1<sup>st</sup> application. \_\_\_\_\_
- **InfoSolutions** – if the PMP agrees to work with BC/BS and utilize their Infosolutions Pharmacy Program, then .50 will be built into the case management fee. This information will be obtained from the Patient 1<sup>st</sup> application. \_\_\_\_\_

**PERFORMANCE:** Additional case management monies will be paid to PMPS meeting performance measurements as defined by the Agency. The additional case management fee will be based on the total amount of savings and the percentage of measures met by the PMP.

Summary of Case Management Components

<b>Component</b>	<b>Amount</b>
EPSDT	.45
VFC	.10
24/7 Coverage – VOICE-TO-VOICE	.85
Medical Home Project	.10
Hospital Admitting Privileges	.30
Electronic Notices	.05
Electronic Education Material	.15
LifeState Management (In Home Monitoring/Disease Management)	.10
InfoSolutions	.50
<b>TOTAL POSSIBLE</b>	<b>\$2.60</b>

## Electronic Delivery Form

Providers who wish to participate in the Electronic Delivery Enhancement may use this form to indicate their preferred delivery method and the related information. Documents to be delivered electronically are Alerts, the Provider Insider and Provider Notices. Please read over the below instructions prior to completing the form.

Block	Guidelines
1	If completing this request to update a business/facility, such as a Durable Medical Equipment (DME) facility, please indicate the name of the business/facility. If completing this request to update a group/payee, such as a physician practice, indicate the group/payee/practice name. Please be aware that the delivery of electronic alerts/notices will be made only in the method selected to only the provider indicated. Only one Electronic alert/notice will be sent to a group/payee.
2	Indicate the NPI number assigned under the provider name indicated in Block 1.
3	Options are offered to allow providers to receive Alerts, Provider Insiders and Provider Notices via e-mail or facsimile. Please indicate how your office would prefer to receive such documents. Selections are shown in blocks 3A and 3B. <i>Only one option may be chosen.</i>
4	Providers who indicate the media of E-mail will receive Alerts, Provider Insiders and Provider Notices in an Acrobat (PDF) format via e-mail. These documents will be forwarded to the e-mail address indicated in block 4.
5	Providers who indicate the media of Fax will receive Alerts, Provider Insiders, and Provider Notices via fax. These documents will be faxed to the fax number listed in block 5.

## Electronic Delivery Form

1. Business/Group/Provider Name:
2. NPI Number:

*Please indicate only one provider name and number in the spaces above. Please ensure the number indicated is assigned to the provider whose name is indicated.*

3. Alerts/Insider/Notice: (Please check one option below:)  <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">             A.) E-mail <input type="checkbox"/> </div> <div style="text-align: center;">             (If checked, please complete Block 4)         </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">             B.) Fax <input type="checkbox"/> </div> <div style="text-align: center;">             (If checked, please complete Block 5)         </div> </div>
4. Email Address:
5. Business Fax:

*I certify that, to the best of my knowledge, the information supplied in this request is accurate, complete and is hereby released to EDS for the purpose of updating the Alabama Medicaid service location (s) assigned to the named provider (s).*

<b><i>Signature</i></b>	<b><i>Signature Date</i></b>
<b><i>Print Name of Person Signing Form</i></b>	<b><i>Indicate Title of Person Signing Form</i></b>

*(Signature must be hand written and must be the signature of personnel authorized to make changes for the named provider (s). **Black ink is required.**)*

## **Mailing Instructions**

Print a copy of the completed form and mail it to the Provider Enrollment team. Note: Please print a copy of the form for your records.

**Mailing Address:** 301 Technacenter Drive, Montgomery, AL 36117 or P O Box 241685, Montgomery, AL 36124

**Facsimile Number:** (334) 215-4298

If you have any questions concerning this form, please feel free to contact us at 1-888-223-3630 (in Alabama) or 334-215-0111 (outside of Alabama).